



Working with Individuals with Non-apparent Disabilities

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Consultant & Professional Development Trainer:

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*Quality Programs Designed to Maximize Human Potential and Create Productive
Environments*

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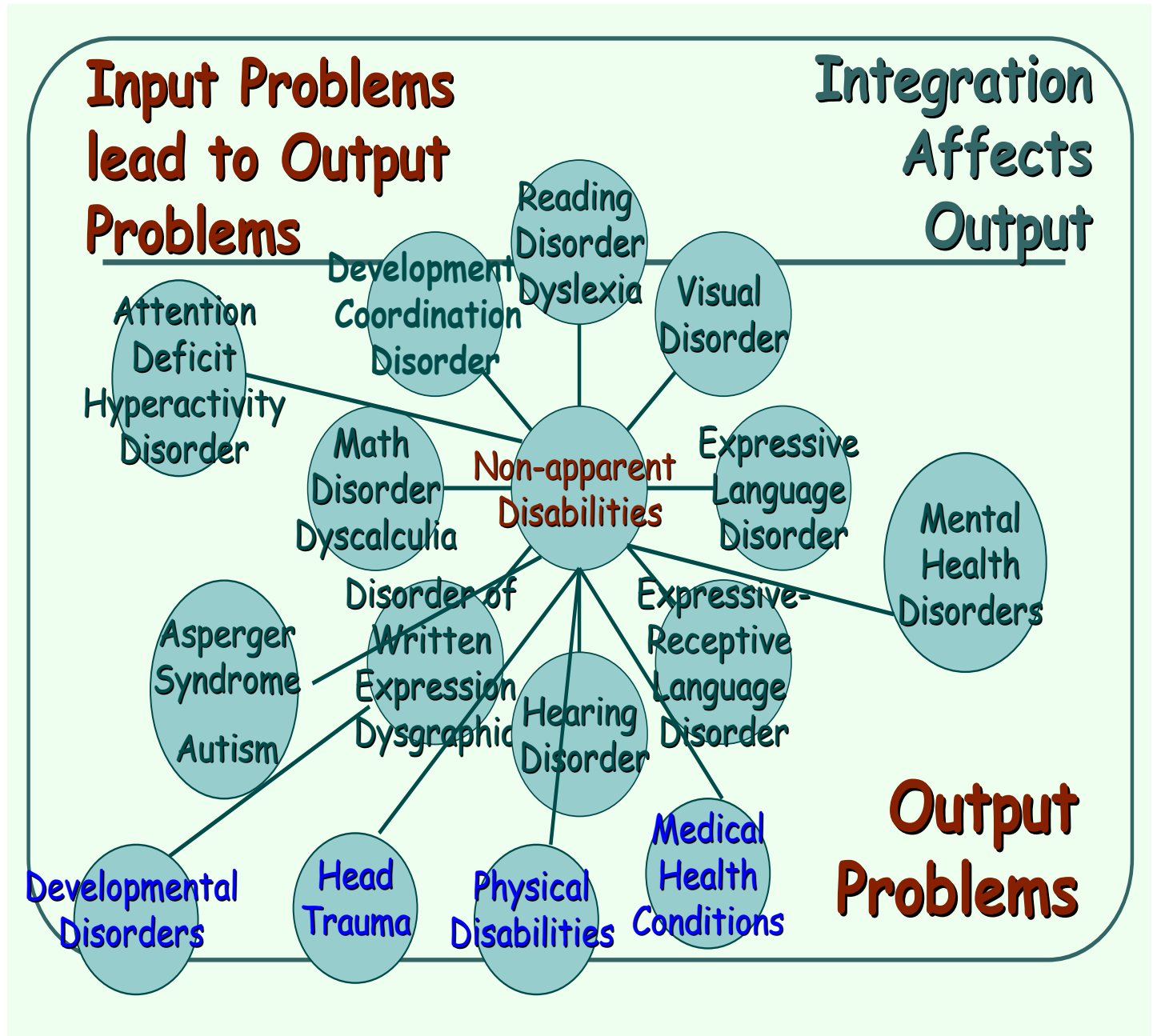
Payne & Associates, Inc., established in 1988 is based in Olympia, Washington. The Corporation's mission is to support the education, training and employment opportunities of youths and adults who have learning, attention and/or related cognitive disabilities by maximizing potential and creating productive environments. This is accomplished through a variety of activities and services including training and consultation in assessment standards and methods, teaching and instructional strategies, reasonable accommodations identification and application, transition planning, career exploration and development, rehabilitation access, employment and training approaches, and life skills acquisition (personal, social, recreational, etc.).

Nancie Payne, President and CEO, is internationally recognized for thirty-five years of work in the field of non-apparent disabilities. Providing training and consultation in over forty states, Canada and Puerto Rico in human services, education, training and workplace-based arenas, she is the developer/owner of the Payne Learning Needs Inventory (PLNI) and related screening tools (Washington Screening Tool/Learning Needs Screening Tool) used in seventeen states, the District of Columbia and throughout Canadian Provinces. Prior to beginning private practice she worked in human service organizations providing education and training services to meet the evolving needs of individuals and families who were under/uneducated and/or under/unemployed (Tacoma Urban League, Northwest Equity Center, Community Action Council of Mason, Lewis & Thurston Counties). Recognizing the limited resources available, in 1995 she opened the Northwest Center for the Advancement of Learning, an accredited, licensed community rehabilitation program (CRP) and center that provides direct services to youths and adults who have cognitive disorders.

Nancie is well published on her views of assessment, learning, and accommodation methodologies addressing those who have cognitive disabilities. Among her works are: Job Accommodations, What Works and Why published in *Learning Disabilities and Employment* (Gerber and Brown, Pro-ed 1997); Informal Assessment of Adults with LD published in *Learning Disabilities, Literacy and Adult Education*, (Vogel and Reder, Brookes 1998); and *The Impact of Learning Disabilities In The Workplace*, in Successful Lifetime Management, (Citro, LDAM, 1999). In 2000 a Brookes publication entitled Meeting the Challenge of Learning Disabilities in Adulthood by Arlyn J. Roffman, Ph.D. features Nancie's personal insight about the impact of her Learning Disabilities and Attention Deficit/Hyperactivity Disorder. Her most recent work, *Adults who have Learning Disabilities: Transition from GED to Postsecondary Activities* (August 2010) conveys the results of an ethnographic case study of ten individuals and their transition needs as they dropped out of high school and moved through adult education, training and work environments.

Nancie has a B.A. from the Evergreen State College in Liberal Arts, emphasis in Education-Administration, a M.S. from Chapman University School of Business and Economics in Human Resource Management/Organizational Development, and a Ph.D. from Capella University in Adult Learning Theory/Postsecondary Education. She has served on the President's Committee for Employment of People with Disabilities Taskforce, Washington D.C.; participated in a National Congress on Learning Disabilities funded by the National Institute for Literacy; and was a member of the National Learning Disabilities Research & Training Center Advisory Board. Nancie has served twelve years as a member of the National Learning Disabilities Association Professional Advisory Board. Currently, she is a member of the Board of Directors of the National Learning Disabilities Association of America as well as the Board of Directors for the Washington Learning Disabilities Association. She is a member of the Commission on Adult Basic Education and the Society for Human Resources Management. In her community she is a board member and past president of the Thurston County Economic Development Board of Directors and a past chairperson and current member of the Pacific Mountain Workforce Development Council. She is a former Trustee of the Olympia-Thurston Chamber of Commerce Board and is a member of the Olympia Downtown Association.

Non-Apparent Disabilities



LEARNING DISABILITY DEFINITION

Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities.

These disorders are intrinsic to the individual, presumed to be due to a central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability. Although learning disabilities can occur concomitantly with other handicapping conditions (e.g., sensory or mental impairment, serious emotional disturbance) or with extrinsic influences (e.g., cultural differences, insufficient/inappropriate instruction), they are not the result of those conditions or influences.

These disorders interfere with the participant's ability to obtain or retain employment or enter and participate in employment and training or education programs.

(National Joint Committee on Learning Disabilities, 1988)

WHAT IS A LEARNING DISABILITY?

Broadly defined, the term **learning disability** is used to describe a variety of problems in acquiring, processing, storing, retrieving, and/or responding to information. Individuals who have learning disabilities encounter frequent difficulty processing, sending and receiving accurate messages to and from the brain. The information being transmitted becomes scrambled like a short circuit, a distorted radio signal, or a fuzzy television picture. The inaccurate sensory transmissions lead to difficulty learning and performing in education, training and work settings, as well as, affecting emotional, social and personal interaction.

Believed to be a neurologically based, central nervous system disorder, learning disabilities can be genetic or acquired and occur irrespective of race, culture or class. Individuals who have learning disabilities usually possess **average or above average intelligence** levels. There is no known cure.

The manifestations of learning disabilities can affect a broad range of skills and functions and are frequently observable in the areas of reading, writing, and/or mathematics. Equally, manifestations are found in attention, reasoning and processing, memory, oral communication, coordination and motor functions, social competencies and executive functioning skills such as organizing, problem solving, prioritizing and self-managing.

Learning disabilities are not the result of visual, hearing, and/or physical disabilities; mental retardation; mental health disorders; acquired brain injuries; ineffective instruction; lack of motivation to learn; or cultural diversity. They may be, however, accompanied by other disabilities such as sight, hearing, attention disorders, etc. They may also be the result of birth trauma, low birth weight, poor nutrition, environmental toxins, lead poisoning, long term chemical dependence, fetal alcohol syndrome/effect and other socio-economic conditions. Sometimes the manifestations and characteristics are confused with other cognitive disorders or difficulties such as slow learning, mental retardation, pervasive developmental disorders, substance related disorders, mood disorders, and/or anxiety/behavioral disabilities. Participants who have or are suspected of having learning disabilities will require reasonable and appropriate **accommodations and modifications to education, training and work environments**. Without specific services and accommodations in place, the participant is presented with innumerable barriers. The lack of accommodations and modifications will result in an inability to adequately demonstrate knowledge, skills and abilities and will promote poor performance evaluations, stress-related health problems, and job instability, not to mention the unrealized productivity standards for the employer. Without the opportunity to take advantage of the strengths of the participant while minimizing the limitations created by the disability through accommodations, there are few employment opportunities that will provide a living wage with a sustainable income and allow for advancement.

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TYPES OF LEARNING DISABILITIES

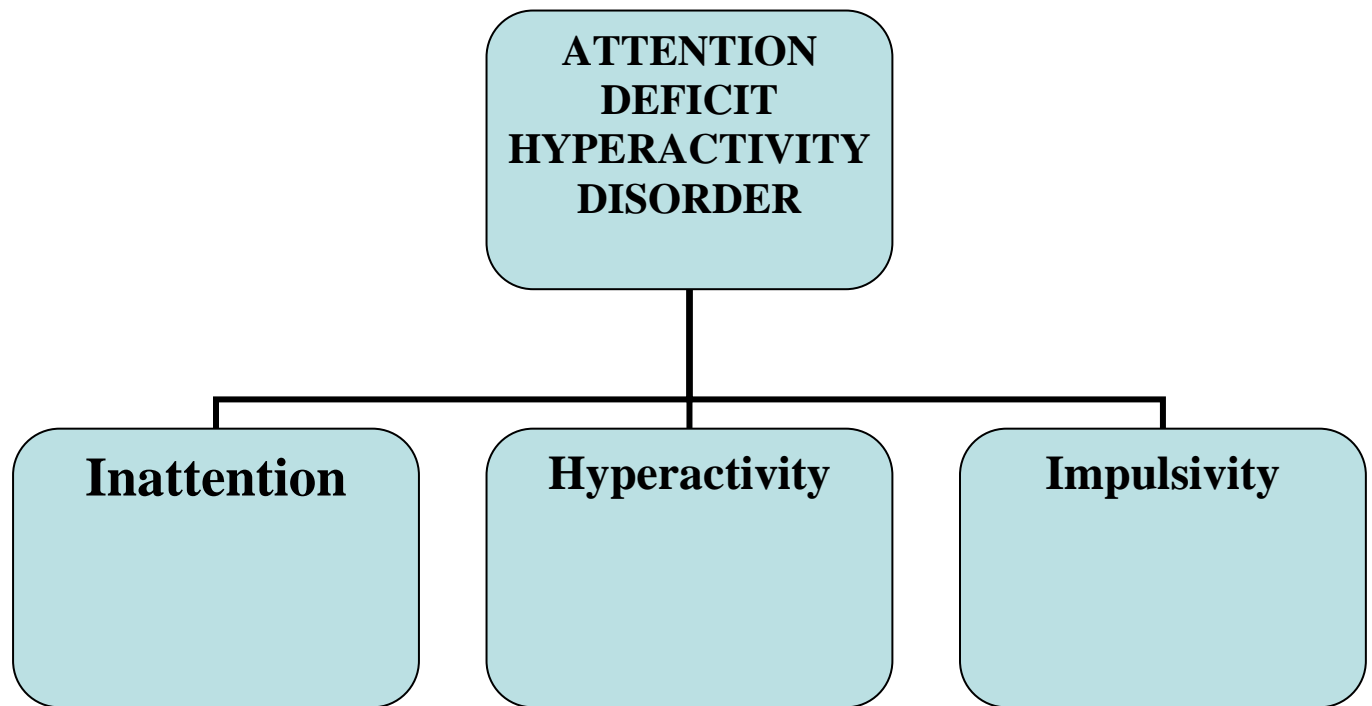
<p><u><i>Reading Disorder:</i></u> Reading achievement (reading skills and/or comprehension) is substantially below expected levels demonstrating a significant discrepancy between reading achievement and ability that significantly interferes with activities and functions requiring reading skills.</p>	<p><u><i>Dyslexia:</i></u> Difficulty reading. When viewed through the criteria of academic success this is probably the most serious and debilitating learning disorder. The difficulty may take many forms including seeing letters in mirror image, reversals, inability to distinguish the spaces between words, etc.</p>
<p><u><i>Mathematics Disorder:</i></u> Mathematical ability (computation and/or reasoning) is substantially below expected levels demonstrating a significant discrepancy between mathematical ability and capability that significantly interferes with activities/functions requiring mathematical ability.</p>	<p><u><i>Dyscalculia:</i></u> Difficulty coping with mathematics; comprehending as well as understanding relationships between mathematical symbols and concepts; difficulty with calculations and number manipulation.</p>
<p><u><i>Disorder of Written Expression:</i></u> Writing skills (mechanics and/or expressive) is substantially below expected levels demonstrating a significant discrepancy between writing skills and ability that significantly interferes with activities and functions requiring writing skills.</p>	<p><u><i>Dysgraphia:</i></u> Difficulty writing. This can be the actual physical (motor) process required for writing or the difficulty of being able to express ideas in writing, or of the symbols required for writing (mathematical as well as letter symbols).</p>
<p><u><i>Developmental Coordination Disorder:</i></u> Performance in daily activities requiring motor-coordination is substantially below expected levels demonstrating a significant discrepancy between motor-coordination and ability that significantly interferes with activities and functions of daily learning, training, working and living.</p>	<p><u><i>Dyspraxia:</i></u> Partial loss of the ability to perform skilled coordinated movements in the absence of any associated defect in motor or sensory functions.</p>
<p><u><i>Expressive Language Disorder:</i></u> Expressive language development (limited word usage, errors in tense, word-finding difficulty, or trouble producing sentences with developmentally appropriate length or complexity) is substantially below expected levels showing a significant discrepancy between expressive language and ability that significantly interferes with academic or occupational achievement or with social communication.</p>	<p><u><i>Dysnomia:</i></u> Condition characterized by the inability to recall words at will, even when the individual knows the word s/he wishes to recall and can recognize it when said.</p>
<p><u><i>Mixed Receptive-Expressive Language Disorder:</i></u> Receptive and expressive language development (limited word usage, difficulty understanding words/sentences, errors in tense, word-finding difficulty, problems understanding specific types of words or trouble producing age-appropriate sentences) is substantially below expected levels demonstrating a significant discrepancy between receptive and expressive language and ability that significantly interferes with academic or occupational achievement or with social communication.</p>	<p><u><i>Dysphasia:</i></u> Difficulty comprehending the spoken word (receptive) and/or speaking (expressive).</p>

ATTENTION DEFICIT/HYPERACTIVITY DISORDER

The term, attention deficit hyperactivity disorder, refers to a neurologically based, nervous system disorder stemming from a chemical imbalance in the neurotransmitters (most commonly norepinephrine and serotonin) in the brain. This disorder impacts the ability to attend to stimuli that is important (attention span), to determine which external stimuli are relevant (focus of attention), to screen out stimuli that is unnecessary or not relevant (distractibility), and to reflect before acting (impulsivity). The condition may or may not be impacted by the ability to control hyperactivity of a physical, verbal, or mental nature.

Attention deficit hyperactivity disorder is a syndrome characterized by serious and persistent difficulties in the areas of attention span, impulse control, distractibility, and possible hyperactivity. Increased anxiety or stress can exacerbate the manifestations and lead to extremely low level of concentration and attentiveness. Other common characteristics are low frustration tolerance, an inability to effectively manage anger, lack of organization, low self-esteem and poor self-management.

ADHD can be genetic.



Diagnostic Criteria

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR)- American Psychiatric Association

A. Either (1) or (2)

- (1) *six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:*

Inattention

- a. often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- b. Often has difficulty sustaining attention in tasks or play activities
- c. Often does not seem to listen when spoken to directly
- d. Often does not follow through on instructions and fails to finish school work, chores or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- e. Often has difficulty organizing tasks and activities
- f. Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- g. Often loses things necessary for tasks/activities (e.g., toys, school assignments, pencils, books, tools)
- h. Is often easily distracted by excess extraneous stimuli
- i. Is often forgetful in daily activities

- (2) *six or more of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with development level:*

Hyperactivity

- a. often fidgets with hands or feet or squirms in seat
- b. often leaves seat in classroom or other situations in which remaining seated is expected
- c. often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- d. often has difficulty playing or engaging in leisure activities quietly
- e. is often "on the go" or acts as if "driven by a motor"
- f. often talks excessively

Impulsivity

- g. often blurts out answers before questions have been completed
- h. often has difficulty awaiting turn
- i. often interrupts or intrudes on others (e.g., butts into conversations or games)

- B. *Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.*
- C. *Some impairment from the symptoms is present in two or more settings, (e.g., school [or work] and at home).*
- D. *There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.*
- E. *The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).*

Related & Co-Accompanying Disorders

It is not uncommon for adolescents and adults who have been diagnosed with Learning Disabilities and/or Attention Deficit Hyperactivity Disorder to have other neurologically based disorders. "If something affects the brain in early development, areas of the brain will develop differently. The difficulties that develop depend on which areas of the brain are involved." (Silver, 2001). These development factors combined with the psychological factors inherent in having and coping with a disability throughout a lifetime present a variety of related and co-existing disorders.

The following are some of the more common disorders:

Anxiety Disorders

Panic Attack:

The sudden onset of intense apprehensiveness or terror and, often a sense of impending doom, feeling of personalization or derealization or both coupled with the fear of losing control. Accompanying the mental state are emergency physical symptoms and signs of automatic hyperactivity, such as sweating, pallor, choking sensations, palpitations, dizziness, or vertigo. Attacks usually last minutes, however some continue for more than an hour.

Specific & Social Phobias:

Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood). Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed Panic Attack. The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

Obsessive-Compulsive Disorder:

Reoccurring obsessions or compulsions that are severe enough to be time consuming (i.e., they take more than an hour a day) or cause marked distress or significantly interfere with a person's normal routine, occupational (or academic) functioning, or usual social activities or relationships. The disturbance is not due to the direct physiological effects of a substance (e.g., drug abuse, or medication) or a general medical condition.

Intermittent Explosive Disorder:

Failure to resist aggressive impulses that result in serious assaultive acts or destruction of property. The degree of aggressiveness expressed during the episodes is grossly out of proportion to any precipitating psychosocial stressors.

Behavioral Disorders

Conduct Disorder:

A childhood disturbances consisting of repetitive, persistent antisocial activities that violate the rights of others and are clearly beyond the usual pranks of childhood.

Oppositional Defiant Disorder:

A childhood disorder consisting of disturbances in behavior causing clinically significant impairment in social, academic, or occupational functioning (e.g., pervasive disobedience, negativism, provocative opposition to authority figures, repetitive infractions of minor rules, temper tantrums, argumentativeness, stubbornness, etc.).

Mood Disorders

Depressive Disorders:

A mood disturbance characterized by an abnormal emotional state, resulting from despair and discouragement from and proportionate to some personal loss or tragedy. Further characterized by exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness, and hopelessness that are inappropriate and out of proportion to reality.

Manic Disorders:

A distinct period of abnormally and persistently elevated, expansive, and/or irritable mood. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others. The results of the disturbance may necessitate hospitalization to prevent harm to self or others. There may be psychotic features. Symptoms are not due to the direct physiological effects of a condition (e.g., hyperthyroidism).

Bi-polar Disorder:

A major affective disorder characterized by episodes of mania and depression. One or the other phase may be predominant at any give time, one phase may appear alternately with the other, or elements of both phases may be present simultaneously. Characteristics of the manic phase are excessive emotional displays, excitement, euphoria, hyperactivity accompanied by elation, boisterousness, impaired ability to concentrate, decreased need for sleep, and seemingly unbounded energy, often accompanied by delusions of grandeur. In the depressive phase, marked apathy and under activity are accompanied by feelings of profound sadness, loneliness, guilt, and lowered self-esteem.

Pervasive Developmental Disorders

Autistic Disorder:

A marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction. Failure to develop peer relationships appropriate to developmental level. A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest). Lack of social or emotional exchange. Delay in, or total lack of, the development of spoken language. Apparent inflexible adherence to specific, nonfunctional routines or habits. May have repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements). Persistent preoccupation with parts of objects.

Asperger's Syndrome:

As a subcategory under Autistic Disorder, the characteristics again include a marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction. Failure to develop peer relationships appropriate to developmental level. A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing bringing, or pointing out objects of interest) as well as a lack of social or emotional reciprocity. Apparent inflexible adherence to specific, nonfunctional routines or habits. Additionally, the disturbance causes clinically significant impairment in social, occupational, and/or other important areas of functioning. There is no significant general delay in language, cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.

Other Medical Conditions & Disorders

Asthma/Allergies

Common illness that may influence academic and/or work functioning. Asthma is a respiratory disease in which children/adults have episodic symptoms such as difficulty breathing and coughing. Frequent nighttime symptoms may result in loss of sleep and subsequently fatigue in school/work. Sometimes these symptoms are related to allergies, changes in the weather, stress, exercise, and fatigue.

Audiologic Disorders

Impairments in hearing that cannot be corrected by medical means. An impairment within or to the auditory system affecting the ears and hearing inclusive of investigation of present and past co-related diseases or conditions that may be responsible for an auditory impairment

Chronic Sinus Infections

Significant inflammation of the sinuses that can be accompanied by colds, fevers, ear infections, and headache and can significantly interrupt learning, especially in pre-school and early elementary years.

Chronic Ear Infections/Hearing Loss

Significant, repeated ear infections, blockages and other related characteristics. If pervasive can create Otitis-Media Syndrome and Learning Disabilities or delays in learning.

Developmental Disorders

A group of childhood disturbances, with development beginnings prior to age 18, which generally persists throughout the life of the individual. It is characterized by a lag, delay or deviance in the development of a specific function such as reading, speaking or arithmetic ability and not explicable in terms of mental age or inadequate schooling. These disorders frequently co-exist with other disorders (e.g., conduct disorder, attention deficit disorder, etc.). Included within the group are (1) language and speech disorders, (articulation disorder, stuttering, cluttering, expressive language disorder, receptive language disorder); (2) academic skills disorder (reading disorder, expressive writing disorder, arithmetic disorder); and (3) motor skills disorder (coordination disorder). Many of the subtypes of the disorder can be effectively treated.

Developmental Vision Disorder

Problems with the musculature of the eyes, tracking abilities, speed of focus, eye-hand coordination, visual comparison, visual imagery, visualization abilities, eye teaming, and so on. Since a standard optometric examination primarily measures visual acuity, these problems are frequently missed and can significantly affect learning and working.

Diabetes

A chronic endocrine disease in which the body fails to manufacture insulin, a substance necessary for the metabolism of food.

Hyperactivity

Excessive muscular activity. Often fidgets with hands or feet and squirms in seat. Often cannot remain seated in situations requiring such. Runs about or moves excessively—if an adult, may be limited to subjective feelings of restlessness. Experiences difficulty playing and engaging in leisure activities quietly. If often on the go or responds as if driven by a motor and may talk excessively.

Intellectual Disability

Significantly sub-average intellectual functioning, the onset of which begins prior to 18 years of age. The intellectual quotient (IQ) is approximately 70 or below with concurrent deficits or impairments in learning and social adjustment/adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for his or her age by his or her cultural group) in at least two of the following areas:

- Communication
- Self-care
- Home living
- Social and interpersonal skills
- Use of community resources
- Self-direction
- Functional academic skills
- Work
- Leisure
- Health
- Safety

Mild-moderate Brain Injuries

Intracranial injuries which could be the result of birth traumas and/or concussions or contusions resulting in central nervous system deficits.

Post Traumatic Stress Syndrome

Development of characteristic symptoms following exposure to an extreme traumatic stressor. Direct personal experience of an event that involves actual or threatened death, serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.

Seizure Disorders

An attack, or sudden onset of a disease or of certain symptoms, such as convulsions. Can create Learning Disabilities if long-term.

Sensory Integration Dysfunction:

A broad pattern of motor problems including difficulties with gross and/or fine motor planning functions. Difficulty interpreting information coming from nerve endings in the skin. Can be sensitive to touch, misread temperature or pain, and may have difficulty processing information from the vestibular system which is located in the inner ear and indicates where the body is in relation to gravity. Problems can result with movement in space or position in space.

Sleep Disorders

Difficulty initiating or maintaining sleep and/or non-restorative sleep.

Speech Disorders

Abnormalities in language production. A broad range of conditions characterized as central (aphasia) disorders, input (receptive) disorders and/or output (expressive) that are not due to faulty innervation of speech muscles or organs of articulation. Included on the motor end are disturbances in gestures (amimia), voice (aphonia), speech (aphasia), and pictorial or symbolic representation (agraphia); and on the sensory end inability to perceive or understand gestures (sensory amimia), sounds (sensory aphasia), or writing (alexia).

Substance Abuse and/or Dependence

Substance use leading to clinically significant impairment or distress. Recurrent substance use resulting in a failure to fulfill major obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance-related absences, suspensions, or expulsions from school; neglect of children or household). Substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use). Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct). Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).

Tic Disorders

Single or multiple motor and/or vocal tics (i.e., sudden, rapid, recurrent, non-rhythmic, stereotyped motor movements or vocalizations). The tics occur many times a day, nearly every day. The disturbance causes marked distress or significant impairment in social, occupational, or other important areas of functioning.

VISUAL DIFFICULTIES THAT LOOK LIKE A LEARNING DISABILITY DEVELOPMENTAL OR BEHAVIORAL VISION

A developmental optometrist's examination looks for problems with the musculature of the eyes, tracking abilities, speed of focus, eye-hand coordination, visual comparison, visual imagery, visualization abilities, eye teaming, and so on. These problems are rarely evaluated by a standard optometric examination that primarily measures visual acuity.

Behaviors or characteristics indicating a need for an examination by a developmental optometrist are:

- Slow and/or labored reading despite pretty good decoding skills (ability to read/pronounce individual words accurately)
- Loses place when reading
- Uses a finger, bookmark, etc. to keep place when reading
- Substitutes words fairly often when reading
- Leaves off ending of words
- Leaves out letters or substitutes letters
- Frequently re-reads
- Difficulty following main idea or plot of a story when reading
- Headaches, nausea, or dizziness frequent when reading for a time
- Eyes water, burn, itch or are red
- Eyes are painful when reading
- Avoids recreational reading
- Presents behaviors indicating inability to cope with reading tasks (i.e., on the wrong page of the book when listening to someone else read)
- Covers an eye, turns head or body to see print from new angle or view
- Places head close to book or desk when reading or writing
- Poor spelling
- Poor handwriting or spacing when writing
- Oral reading that begin within normal ranges of accuracy and speed but after a short time becomes slower, labored, and inaccurate
- Crossed or turned eyes
- Frowning or scowling while reading, writing or doing board work
- Excessive blinking or rubbing of eyes
- Short attention span for the child or adult's age
- Nervousness, irritability, restlessness or unusual fatigue after visual concentration
- Complains of blurring of vision or double vision
- Says words aloud or lip reads when reading
- Trouble with recall and comprehension

Individuals demonstrating these behaviors or characteristics should be referred to optometrists that specialize in developmental or visual examinations. Treatment varies from specially cut eyeglasses with prisms to visual therapy and eye exercise.

GLOSSARY

Accommodation: A change to the existing environment, structure or protocol that allows the use and further development, where possible, of alternative intact cognitive channels in order to compensate for the limitation created by the disability or cognitive function which is impaired.

Attention: A set or attitude that makes it possible for the individual to respond precisely to a stimulus; attending or taking notice.

Attention Deficit Hyperactivity Disorder (ADHD): refers to a neurologically based, chemical disorder that impacts the ability to: attend to stimuli which is important (attention span); determine which external stimuli are relevant or not relevant (distractibility); reflect before acting (impulsivity); and control motor activity levels (hyperactivity). Can be without hyperactivity characteristics.

Blindness: A condition characterized by complete loss of sight.

Brain Damage: A structural injury to the brain from accident, disease, or surgery.

Cerebral Palsy: A condition of muscular weakness and difficulty in coordinating voluntary movement owing to developmental or congenital damage to the brain.

Chronic or Acute Health Impairment: Health impaired individuals are those who have chronic or acute health problems – such as congenital heart defect, other congenital syndrome(s), other disorders of the cardiorespiratory systems, disorders of the central nervous system including epilepsy or neurological impairment, autism or other profound health circumstances or degenerative condition(s).

Cognition: Process of knowing, perceiving, or reasoning.

Deafness: A condition characterized by complete loss of hearing.

Developmental Disability: Individuals with developmental disabilities demonstrate significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects their educational performance and life-skills development.

Disability: is a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, and/or is regarded as having such impairment.

Fine Motor Activities: Output by which the muscle system underlying delicate movements is exercised.

Gross Motor Activity: Movement in which groups of large muscles are employed and rhythm and balance are of major importance.

Hearing-Impairment: A condition characterized by a partial loss of hearing.

Hyperactivity: Excessive activity or energy.

Learning Disability: (most widely accepted adult definition) A Specific Learning Disability is a disorder in one or more of the central nervous system processes involved in perceiving, understanding and/or using concepts through verbal (spoken or written language) or nonverbal means. This disorder manifests itself with a deficit in one or more of the following areas: attention, reasoning, memory, communicating, reading, writing, spelling, calculation, coordination, social competence & emotional maturity. (Rehabilitation Services Administration, 1985)

Multiple Sclerosis: A chronic degenerative disease marked by patchy destruction of the myelin that surrounds and insulates nerve fibers and mild to severe neural and muscular impairments.

Orthopedic Impairment: An impairment where there is a lack of normal function of muscles, joints or bones due to congenital anomaly, disease or permanent injury.

Quadriplegia: Paralysis of all four limbs or of the entire body below the neck.

Paraplegia: Paralysis of both lower limbs due to spinal disease or injury.

Point of contact: Person or persons to assist students, who have disabilities, in providing accessible services, programs and activities when needed or required.

Reasonable Accommodations: Meet the specific needs of a qualified individual by minimizing the limitations of the disability and allowing equal access to services.

Sight Impairment: A condition characterized by a partial loss of sight.

Speech Impairment (communication disorder): Includes communication disorders such as stuttering, voice disorder, language impairment, and impaired articulation.

CHARACTERISTICS & MANIFESTATIONS

Individuals with Possible Learning Disabilities, Attention Disorders and other Non-apparent Disabilities

(Education, Training & Work Environments)

ATTENTION:	REASONING & PROCESSING:
<ul style="list-style-type: none"> ❑ Short attention span ❑ Fidgets ❑ Easily distracted ❑ Highly impulsive ❑ Takes big risks ❑ Responds without thinking ❑ Blurts out answers ❑ Consistently has uncompleted activities ❑ Trouble staying on task ❑ Excessive talker ❑ Verbal rambler ❑ Interrupts ❑ Has difficulty waiting ❑ Difficulty following through ❑ Extremely restless ❑ Perpetual Motion ❑ Can't remain seated or in one place ❑ Impatient ❑ Appears not to listen ❑ Mind wanders ❑ Problems working alone ❑ Unorganized ❑ Loses things ❑ Doesn't wait for process 	<ul style="list-style-type: none"> ❑ Trouble transferring or generalizing information ❑ Deficient decision making skills ❑ Difficulty solving problems ❑ Frequent verbal and written errors ❑ Delayed thinking and responding ❑ Trouble following oral information ❑ Difficulty interpreting written information ❑ Problems using maps, charts and graphs ❑ Extremely early or late ❑ Gets lost easily ❑ Does not recognize mistakes ❑ Tasks take longer ❑ Inconsistent performance ❑ Difficulty with abstract concepts ❑ Cannot see the whole ❑ Needs concrete demonstrations ❑ Problems adjusting and coping with transition or changes ❑ Poor time manager; ❑ Problems self-managing ❑ Requires extra practice ❑ Trouble with associations (cause and effect) ❑ Difficulty prioritizing and organizing

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<p>MEMORY:</p> <ul style="list-style-type: none"> ❑ Difficulty recalling personal history and data ❑ Problems repeating information ❑ Difficulty retaining recently learned materials ❑ Trouble recalling information presented orally ❑ Trouble remembering information read ❑ Hard to recall multiple directions ❑ Problems sequencing events (previous job, schools, etc.) ❑ Trouble recalling and performing simple directions ❑ Varying degrees of difficulty with immediate, short-term and long-term recall ❑ Problems summarizing or synthesizing discussion 	<p>ORAL COMMUNICATION:</p> <ul style="list-style-type: none"> ❑ Omits, uses or substitutes words inappropriately ❑ Sentences are phrases or short, very simple ❑ Problems explaining things logically ❑ Trouble expressing thoughts concisely ❑ Trouble communicating via phones ❑ Frequently misunderstands information ❑ Substitutes words incorrectly ❑ Trouble retrieving known words ❑ Difficulty expressing self in a group setting ❑ Has great difficulty paraphrasing ❑ Never volunteers
<p>READING:</p> <ul style="list-style-type: none"> ❑ Trouble reading applications, forms, letters, handbooks, etc. ❑ Trouble reading signs and notes ❑ Difficulty with basic skills assessment ❑ Trouble reading aloud or silently or both ❑ Skips lines, words, letters, and numbers ❑ Reverses or mixes numbers, letters, words or phrases ❑ Problems keeping place or “bubbling in” on test answer sheets ❑ Poor comprehension ❑ Difficulty tracking from test booklet to answer sheet ❑ Trouble reading and comprehending training and job-based printed materials ❑ Complains of blurring or tired eyes 	<p>WRITING & SPELLING</p> <ul style="list-style-type: none"> ❑ Problems writing legibly ❑ Poor handwriting ❑ Trouble copying from board/projection or book ❑ Poor spelling ❑ Trouble filling out applications and forms ❑ Problems “bubbling in” answer sheets ❑ Substitutes written words incorrectly ❑ Presents simplistic writing patterns ❑ Hard to get what is in head on paper ❑ Trouble with written expression

MATHEMATICAL CALCULATIONS & APPLICATION: <ul style="list-style-type: none"> ❑ Difficulty performing simple mental calculations ❑ Trouble with basic skills assessment ❑ Cannot use a calculator ❑ Difficulty with money management and budgeting ❑ Has problems balancing a checkbook or managing a bank account ❑ Cannot count money or make change ❑ Trouble with measurement ❑ Difficulty performing basic written calculations 	COORDINATION & MOTOR FUNCTION: <ul style="list-style-type: none"> ❑ Trouble filling in bubbles on answer sheets or applications ❑ Confuses right and left ❑ Poor handwriting (letter formation inconsistent) ❑ Problems copying from the blackboard/book to paper ❑ Underdeveloped spatial orientation ❑ Trouble with gross motor or fine motor functions ❑ Clumsy or accident prone ❑ Difficulty keeping balance ❑ Difficulty with simple visual-motor computer functions (mouse) ❑ Limited endurance ❑ Slow reaction time
SELF-CONCEPT: <ul style="list-style-type: none"> ❑ Lacks self reliance ❑ Often says "I can't" or has an excuse ❑ Resistant to attempt new/difficult tasks ❑ Low tolerance ❑ Appears to lack motivation ❑ Low self-esteem ❑ Poor self-confidence ❑ Indifferent or self-defeating attitude ❑ Untidy or disheveled appearance ❑ Can't describe successes ❑ Unable to evaluate personal behaviors 	HIGHER ORDER/METACOGNITIVE SKILLS <ul style="list-style-type: none"> ❑ Problems self-managing ❑ Trouble organizing ❑ Difficulty prioritizing ❑ Problems identifying the next step ❑ Inconsistent performance and transition ❑ Trouble with association (cause/effect) ❑ Difficulty solving problems ❑ Difficulty with abstractions ❑ Jumps from topic/idea to topic/idea ❑ Trouble generalizing ❑ Problems with self-evaluation

<p>SOCIAL COMPETENCE & EMOTIONAL MATURITY:</p> <ul style="list-style-type: none"> ❑ Inappropriate social interaction ❑ Few friends or avoided by peers ❑ Excessive or inappropriate language ❑ Social situations are difficult ❑ Trouble responding to nonverbal cues ❑ Misunderstands nonverbal communication ❑ Overly aggressive or too assertive ❑ Excessively shy and withdrawn ❑ Low self-confidence ❑ Complains about new tasks ❑ Trouble following "the rules" ❑ Poor self-evaluation skills ❑ Lacks awareness of consequences ❑ Problems accepting criticism ❑ Easily upset or irritated ❑ Works outside the system ❑ Has trouble securing help ❑ Can't work close to another ❑ Can't work in isolation ❑ Lacks awareness of one's personal space ❑ Shares intimate information inappropriately ❑ Misunderstands figurative language and jokes 	<p>PERVASIVE DEVELOPMENTAL DISORDERS</p> <ul style="list-style-type: none"> ❑ Social awkwardness ❑ Difficulty in mixing with others ❑ Lack of eye contact ❑ Sensitivity to noise / touch / feel of clothing ❑ Difference in speech / very proper speech ❑ Extreme logic ❑ Anger / aggression ❑ Craves routine ❑ Resistance to change ❑ Appears lost / in own world ❑ Communication problems ❑ Motor skills problems / uneven gross/fine motor skills ❑ Difficulty expressing needs / gestures-points ❑ Unresponsive to typical education and training methods ❑ Spins objects ❑ Strong attachment to objects ❑ No real fears of danger
<p>GENERAL CHARACTERISTICS & MANIFESTATIONS OF MENTAL DISORDERS</p> <ul style="list-style-type: none"> ❑ Disturbances of thought and perception ❑ Dysregulation of mood ❑ Inappropriate anxiety ❑ Impulse control and behavioral problems ❑ Cognitive dysfunction ❑ Executive function deficits ❑ Performing functions take longer ❑ Problems often identified by friends and family while minimized by individual 	

NOTE:

People who have non-apparent will display a number of symptoms across several domains. Generally, there will be a previous history of multiple manifestations unless some recent occurrence has created an acquired learning disorder.

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UNIVERSAL DESIGN FOR LEARNING (UDL) IN PROGRAMS

A Brief Overview of the Framework for a Strength-based Model

“The key ingredient in achieving successful outcomes...is the linkage of learning to know with learning to do”
(Crawford, R. in *Learning Disabilities Literacy and Adult Education*, Vogel & Reder, Brookes 1998).

To be successful in the 21st Century, individuals will need to: know how to learn, want to learn, and apply learning in ways that work best for them. Universal Design for Learning (UDL) is a method that is designed to meet the needs of students as diverse learners (i.e., learners with different abilities, learning styles, backgrounds, and preferences) (Center for Applied Special Technology, 2009).

Three primary beliefs guide UDL:

- Multiple means of representation or the WHAT: to give students various ways of acquiring information and knowledge (multiple communication methods such as oral, charts and graphs, DVD/videos, symbolic/pictures, changeable font style/size, etc.);
- Multiple means of action/expression or the HOW: offer appropriate challenges, and increase motivation (information accepted in various formats such as oral, computer/email, paper/pencil, scribed, etc.).
- Multiple means of engagement or the WHY: to validate that each student has substantial differences in the ways they become engaged or motivated to learn.

The desired outcome of an education program is to encourage success for “every student.” Because no two students, especially those with disabilities, learn in the same manner, programs should consider responding to student needs using a pre-emptive or advance planning approach. This approach involves predicting what students who have varying learning styles, disabilities needs, culture, and language differences in might require in order to fully engage in the program activities and services.

There are seven principles that embody a comprehensive UDL. They are:

- Curriculum and activities can be readily used by students with diverse abilities, regardless of disability or language;
- The option of environments, tools and materials accommodates a wide variety of student preferences and abilities which automatically promotes choice in use;
- Easy to understand and use, regardless of experience, focus levels, language or disability;
- Allows communication of needed information effectively regardless of physical or sensory abilities;
- The adverse consequences of error are significantly minimized;
- Utilizes minimal physical effort to use, invoking the least amount of fatigue; and
- User-friendly when standing, sitting, reaching, etc.

Universal Design for Learning is an effective means to ensure students with apparent and non-apparent disabilities have the highest levels of access to the available programs.

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<i>COGNITIVE ATTRIBUTES</i>	<i>PHYSICAL ATTRIBUTES</i>
<ol style="list-style-type: none"> 1. Abstract to concrete 2. Attention/concentration 3. Auditory discrimination 4. Auditory processing 5. Auditory figure ground 6. Fine motor 7. Gross motor 8. Integration 9. Memory 10. Organization 11. Sequential processing 12. Spatial orientation 13. Tactile/Kinesthetic 14. Time orientation 15. Verbal processing 16. Visual discrimination 17. Visual processing 18. Visual figure-ground 19. Visual-motor 20. Written expression 	<ul style="list-style-type: none"> ▪ Hearing ▪ Sight ▪ Muscular movement ▪ Speech ▪ Fine motor ▪ Gross motor ▪ Arm/hand ▪ Leg/foot
	<i>MENTAL HEALTH</i>
	<ul style="list-style-type: none"> ▪ Psychological & Psychiatric ▪ Depression ▪ Anxiety ▪ Post-Traumatic Stress
	<i>RECOVERY/TREATMENT</i>
	<ul style="list-style-type: none"> ▪ Alcohol ▪ Chemical substances ▪ Violence/Abuse
	<i>HEALTH</i>
	<ul style="list-style-type: none"> ▪ Medical ▪ Diabetes ▪ Asthma ▪ Allergies

Cognitive Attributes Glossary

Abstract to concrete:

To comprehend complex relationships, react to theoretical considerations, and transfer complex relationships to action/activity; the ability to conceptualize globally or see the whole and connect such to the parts of the whole.

Attention/concentration span:

A mind set or attitude that makes it possible for the individual to respond precisely to a stimulus; attending or taking notice. Duration of time one can attend to a specific task; exclusive, persistent focus on a given task, object or mental activity.

Auditory (Physical):

Auditory/Auditory Acuity: relating to hearing; the level of hearing sensitivity; keenness of hearing.

Auditory (Cognitive)

- **Auditory Discrimination:** The ability to distinguish (to discriminate) between sounds that are heard and which may be somewhat alike.
- **Auditory Association:** The ability to relate to material (words and concepts) presented orally in a meaningful way.
- **Auditory Perception:** The ability to recognize and meaningfully integrate information received through the auditory modality.
- **Auditory Processing:** The ability to act upon auditory information in order to generalize, abstract, classify, integrate, etc.
- **Auditory Figure-ground:** The ability to concentrate on the task at hand, despite the presence of other sounds (voices, miscellaneous noises) within the same environment.

Motor: Doing which involves the use of muscle.

- **Fine Motor Activities:** Output by which the muscle system underlying delicate movements is exercised.
- **Gross Motor Activity:** Movement in which groups of large muscles are employed and rhythm and balance are of major importance.

Integration:

The ability to merge or blend concepts, thoughts, or items

Memory Processing: The ability to store and retrieve, upon demand, information previously obtained through experienced sensations and perceptions; recall.

- **Auditory Memory:** The ability to remember information received through the auditory channel.
- **Sequential Memory:** The ability to remember, in order, that which has been received through a sensory channel.
- **Short-term Memory:** Limited capacity memory of short duration that dissipates with time or is replaced by new information.
- **Long-term Memory:** Relatively permanent stored information that is capable of retrieval through association.
- **Visual Memory:** The ability to remember and recall information received through the visual channel. This also includes memory of meaning.
- **Visual-Motor Memory:** Capacity to reproduce, in motor form, previous visual experiences.

Organizational Processing:

The ability to form into or arrive at a whole given interdependent or coordinated parts.

Sequential Processing:

Placing items in a serial order.

Spatial Orientation:

Refers to an awareness of self in space; this includes direction, position, distance, and the judging thereof.

Tactile-kinesthetic:

A term frequently used synonymously with "motor." Combining the sensory impressions of touch and muscle movement.

Haptic Perception:

Process of getting information through the modalities of kinesthesia and touch.

Time Orientation:

The ability to judge time lapses and be aware of the concept of time.

Verbal Expression:

Vocal encoding; the ability to express through spoken language.

Expressive Language: Those abilities required to communicate ideas through primary modes of writing and speaking.

Visual (Physical)

Visual Acuity: Refers to the sharpness of vision.

Visual (Cognitive)

- *Visual Association:* The ability to relate materials presented visually (words, maps, charts) in a meaningful way.
- *Visual Discrimination:* Ability to distinguish (to discriminate) between similar images. (Example between "b/d" or "w/m.") In addition to letters, this also includes sizes, shapes, numbers, positions, color, horizontal and vertical, brightness, etc. The ability to recognize similarities and differences.
- *Visual Figure-ground:* The ability to concentrate on the task at hand despite the presence of other visual stimuli which takes place simultaneously in the same environment.
- *Visual Perception:* Identification, organization, & interpretation of stimuli input through the eyes.
- *Visual Processing:* The ability to act upon visually introduced information in order to generalize, abstract, classify, integrate, etc.

Visual Motor:

The ability to relate visual stimulus with motor response (example: writing).

Written Expression:

The ability to produce information in a written format

Instruction & Communication Methods

Successful instructors and support staff use **systematic, common sense, effective teaching practices** with all their students. These practices are of paramount importance when working with adults with diagnosed or suspected learning disabilities. They include:

- **communicating the rules and expectations of each session,**
- **linking instructional objectives to previous sessions,**
- **breaking sessions and tasks into small steps,**
- **providing numerous examples using a variety of methods,**
- **prompting student responses,**
- **practicing after each step,**
- **guiding students during initial practice,**
- **re-teaching and providing further practice after incorrect responses,**
- **providing all students with opportunities for success.**

(Summarized from text written by Neil Sturomski, 1997)

Systematic Approach to Instruction & Communication Techniques Involving Steps of Strategy Instruction

A thorough review of the research involving teaching practices for learners who have learning disabilities and related cognitive disorders uncovers a couple common themes. Greenwood, Arreaga-Mayer and Carta (1994) found higher levels of success in classrooms where teachers used research-based interactive teaching practices. Using this platform, Mercer & Mercer (2001) present a lesson design for learners who have disabilities based on effective teaching research.

Systematic Teaching & Communication Steps

Open the Lesson

Ask high interest questions to gain focus

Facilitate a question and answer process that leads the learner to the subject or training matter to be taught through an interactive and engaging process. This process can be short—three to five minutes—but is essential as the learner must transition from “other places” (e.g., the movies watched last night, the comment a friend made a few minutes ago, the weather, etc.) to a readiness to learn or communicate. Frequently, the most important parts of the lesson (instructions, key things to watch for, etc.) or communication are presented at the very beginning. If a learner is not yet focused, he/she misses critical information.

Connect the lesson subject matter to prior knowledge

Learners who have learning and related cognitive disorders typically have difficulty connecting one set of information to something previously learned. It’s as if all the units or conversations are separate and have no commonness. Making statements and asking questions about what was learned or discussed yesterday or last week is a very

powerful teaching tool. It helps create explicit pathways of connection, presents an expectation that all present are learners and can learn, and focuses on what the learner already knows. This allows the learner to ask questions about the previously learned information or skills, get missing information and be ready to add the next part.

Introduce the target skill

The final part of “opening the lesson” involves presenting the new or expanded skill, technique or knowledge base. The critical element at this point is to clearly present a rationale for the acquisition of the skill being introduced. Connecting the lesson or information with the factors of what is to be learned and where it can be used or be of benefit is essential for learning and retention to occur. Most importantly, the introduction should contain realistic, authentic connections to the learner’s experience base and realities. The “where” of the use of this knowledge in future training, work, and life is essential.

Conduct an Interactive Presentation

Explicit modeling

Again, because learners who have learning and related cognitive disorders have extreme difficulty with abstracting, integrating and synthesizing thoughts and functions, explicit modeling is a must. In order to prove a point, try this exercise. Select a short new lesson, using the techniques presented above, open the lesson. Be sure to cover all three elements—asking high interest questions to gain focus, connecting to prior knowledge, and introducing the target skill. Then ask learners to describe where and how they would begin or start. Learners who have learning or related cognitive disorders most generally do not abstract well enough to connect the introduction of a skill, even with detailed description and guided practice, to first or beginning steps of performance. Another exercise is to ask learners what they see in their mind’s eye or hear in their mind’s voice. Again, learners who have learning and related cognitive disorders are likely to respond with a disconnected picture or nothing at all. Explicit modeling involves two practices:

1. A think aloud in which the instructor asks the question and provides the answer in a self-induced role play with no learner interaction.
2. A follow-up think aloud in which the instructor asks the question and engages learners for responses, following the responses, correcting where necessary and modeling simultaneously.

Explicit modeling is not easy. It takes practice and skill. It must be task-specific and engaging to keep interest, offer enough normalcy to display typical thought processes and reasoning when working through the skill, demonstrate methods of sorting through the possibilities, short enough to sustain attention, realistic to promote a seriousness in learning and yet light and enthusiastic to sustain the learners. Practice is a must.

Guided practice

This step comes prior to independent practice. Instructors work with students in group or one-to-one providing clear directions and expectations for tasks being learned. This is also where modification of approach or technique might occur for a learner who has a learning or related cognitive disorder applying a required accommodation. Guided practice should continue until the learner is performing the skill with comfort. During

guided practice the instructor may find the need to return to explicit modeling, to re-introduce or reinforce steps or concepts that are not clear. Feedback is essential, especially praise and reward for learner accomplishments, not matter how small.

Close the Lesson

Summarize learned skill

During the final review, prior to independent practice, critical information from the lesson content is presented. Learner understanding is checked through facilitated questions that check for understanding and competency. Instructors should always present a preview of next lesson so learners who have learning and related cognitive disorders can connect the value of learning this skill to future application. This process provides the contextual relevance needed to continue learning that has meaning. The final step is an introduction and assignment of independent practice.

Apply Well-developed Competencies for Independent Practice

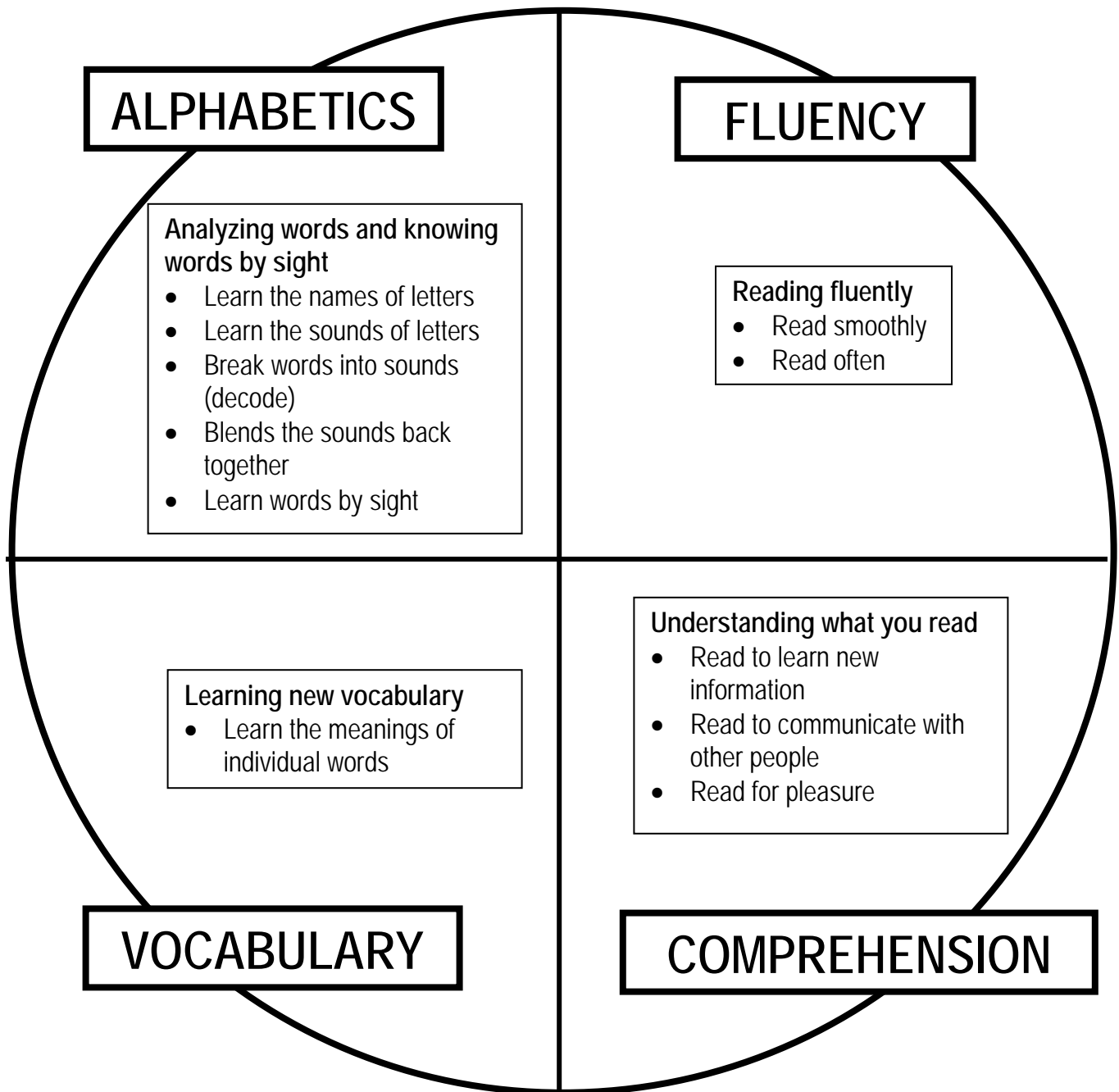
- Review tasks, describe assignment, and present criteria used to evaluate
- Explain rationale of assignment and importance
- Check to ensure students understand assignment
- Demonstrate methods and techniques for completing assignment
- Maintain records of completed assignments and share results with learner
- Provide for error-correction time
- Praise and reinforce learner independent work
- Monitor progress closely
- Assist learners who appear stuck (non-verbal cues and observation of performance)
- Hold learners accountable (require completion of missing work)
- Connect independent work to academic/vocational goals
- Promote peer-tutoring and cooperative learning as needed
- Provide a variety of learning activities (games, computer-assisted, self-correcting)

Promote generalization of skills learned

In the context of learned skills, generalization, or the application of transferring and using a learned skill in one environment to another, is an executive function that, for learners who have learning and related cognitive disorders must be constantly developed. For learners who do not have learning or related cognitive disorders, this skill usually develops over time, through exposure, maturation, trial and error, modeling, and inferences within experiences. Due to the nature and learning behaviors of the learner who has learning or related cognitive disorders generalization does not occur automatically. Thus, instructors need to share the concepts and skills that are being taught with others within the learner's world, to ensure that these concepts are applied and reinforced in other environments.

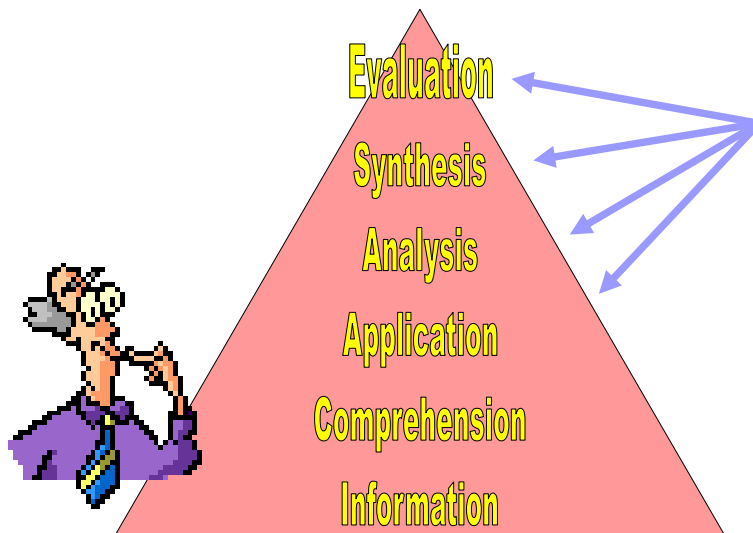
Excerpts taken from: *Teaching Students with Learning Problems, Sixth Edition*,
Cecil D. Mercer and Ann R. Mercer, Merrill Prentice Hall (2001)

Components of Reading



Types of Reading Comprehension Questions

BLOOM'S TAXONOMY



Memorizing

Recalling factual information after reading a passage

Paraphrasing

Articulating ideas in a different way

Interpreting

Identifying relationships (comparing, implying, cause/effect, etc.)

Applying

Using information to solve or complete

Analyzing

Identifying and using logic or intuition to interpret a situation/scenario

Synthesizing

Combining parts into a whole

Evaluating

Assessing and making judgments

Small & Large Group Instruction Guidelines

LARGE GROUP

Keep instruction short

Concentrated attention span is usually fifteen to twenty minutes, maybe shorter for learners who have learning or related cognitive disorders.

Use questions to involve learners in the lessons

Learners need an opportunity to participate frequently. This action also informs teachers when learners are not tracking concepts accurately.

Use lecture-pause routines

This procedure involves about ten-twelve minutes of lecture and then pausing for teams of two or three to follow a recall strategy such as Compare/Check/Complete

Compare and review notes with each other

Check accuracy

Complete with missing details

Support participation at all levels

Encourage active participation from lower level learners while at the same time involving higher level learner's thoughts and perspectives.

Use visual aids

It is important to use a variety of visual aids – PowerPoint, transparencies, pictures, models, graphs, demonstrations, print, etc. One effective research proven visual aid is the use of graphic organizers.

Maintain a lively pace

Keep the pace and momentum moving so learners don't get bored or lose focus. Pair learners who have slower processing with higher level learners during the "pause" portion of the lecture-pause technique. Support learners who experience difficulty learning with peer support and more guided practice.

Use frequent "change-ups"

"Change-ups" are described as anything that varies a presentation. Voice tone, speed of talking, telling a joke, explaining by using a related story, standing up, changing position, etc.

Set rules for behavior and change the approach

Clearly and in a positive way identify acceptable and non-acceptable classroom behaviors. Praise learners who follow the rules.

Use flexible grouping

During small group application vary groups depending on lesson and skills being learned and strengths/limitations of learners.

Use Ask, Pause and Call

Ask a question, pause for thinking time for a few seconds, and then call on or invite participation.

SMALL GROUP

Establish rules

Help learners understand and respect each person in the group. Share about diversity in learning. Give learners guidelines for positive, supportive participation in small group settings.

Make the groups as homogeneous as possible

Organize learners according to ability and skill levels when possible. Recognize the lower the level/skill of learners in the group, the more intense support needed from the instructor.

Maintain flexible groupings

This allows for learners who progress more rapidly than others to be moved from one group to another more suitable. In order to ensure support of all learners' self-esteem (watching the "smart" learners always moving to a different group) change all learners on occasion.

Small group positioning

Place small groups in the learning environment so all groups can be scanned and accessed easily.

Semi-circles and circles

Place learners in semi-circles when providing direct instruction and circles when the group is working and supporting each other. In a world of square tables, create the circle effect by placing learners around three or all sides of the table or tables.

Use a variety of feedback motivators

Provide positive oral praise, group handshakes, pats of the back, and high-fives for everyone, a centerpiece denoting success, descriptive praise about what has just been accomplished, etc.

PEER TUTORING

Determine goals of peer tutoring

Academic support, communication improvement, socialization, reinforcement of learned skill, etc.

Target skills of concepts for peer tutoring pairs

These skills should be those already presented by the instructor that are now being reviewed and practiced due to additional learning/skill building needs.

Select materials

Provide instruction sheets and clear directions

Design procedures for the pair to begin

Include introduction/warm-up, description of what is to be accomplished, how to present tasks being reviewed/supported, evaluative methods for work completed and how to give feedback.

Assign pairs and teach social skills

Determine what levels of tutors are needed and select from learners in the same class or in other classes. Assist in developing social and communication skills.

Provide training, support and evaluation

Excerpts taken from: Teaching Students with Learning Problems, Sixth Edition,
Cecil D. Mercer and Ann R. Mercer, Merrill Prentice Hall (2001)

COMMUNICATION

- ☐ Use a normal tone of voice when speaking; do not raise your voice unless asked.
- ☐ Offer to shake hands:
 - students with limited hand use or an artificial limb can usually shake hands;
 - using the left hand is an acceptable greeting;
 - touching the student on the shoulder or arm to welcome and acknowledge their presence is acceptable for those who cannot shake hands.
- ☐ Treat adults as adults.
- ☐ When working with students who are in wheelchairs never lean on the wheelchair – it is part of their personal body space.
- ☐ When talking with students who have disabilities talk directly to them.
- ☐ If there is an interpreter, speak to the student not to the interpreter. Maintain eye contact with the student rather than the interpreter.
- ☐ Offer assistance in a dignified manner with sensitivity and respect. Be prepared to have your offer declined. If your offer is accepted, listen to or ask for instructions.
- ☐ Allow a student with a visual impairment to take your arm.
- ☐ Offer to hold or carry things, “May I help you carry that?”
- ☐ If you offer to hang a coat, do not offer to take cane or crutches unless requested.
- ☐ For students who use guide dogs, talk directly to the person and do not touch a guide dog without specific permission from the user.
- ☐ Do not be embarrassed if you happen to use accepted, common expression, such as “See you later” or “Got to be running along,” that seem to relate to the disability.
- ☐ When having a conversation with a student in a wheelchair, use a chair for yourself so you can make eye contact effectively.
- ☐ As you are greeting a student who is blind or severely sight impaired introduce yourself and others with you. Let the person know when you are moving or leaving.
- ☐ When assisting a person who is blind in a meeting or group, ask all participants to state their name prior to speaking or commenting so the individual can track comment to person.
- ☐ When having a conversation with students who have speech impairment do not correct, say words, or finish sentences for them. If you do not understand ask the student to repeat or state in a different way.

- ☐ When students call for directions:
 - Ask if the student will be driving or taking the bus.
 - If driving, ask if the individual prefers to have directions verbally or printed.
 - Ask whether the individual prefers landmarks or street names/numbers.
 - If hand writing directions, print.
 - Offer to send printed directions in the mail/fax.
 - Ask the student to paraphrase back the information discussed or the directions given.
 - If taking the bus, make sure the student repeats the address to ensure correct transit route.

- ☐ If students with visual or mobility impairments call in advance to get directions, either by car or from the bus stop, detailed directions should be available. These directions should include the following:
 - where the disabled parking is located;
 - the ramp or step-free entrance;
 - specific distances such as “right ten feet;” and
 - obstacles such as curbs and hills.

- ☐ When speaking or referring to a student who has a disability always put the person first. For example:
 - A person who has cerebral palsy
 - A woman who is blind
 - A man who is in a wheelchair

- ☐ Put the student in charge.

- ☐ Only push a student’s wheelchair when asked.

- ☐ Personal assistants accompanying the student who has a disability may not provide help for services being requested. In some cases they accompany a student to provide or assist in specific tasks only (e.g.: bathroom, moving, etc.).

- ☐ NO – NO’S
 - the words: cripple, handicap, victim, defective, deformed, gimp, vegetable, deaf and dumb, retarded, moron, imbecile, idiot, confined to a wheelchair, healthy, normal, afflicted with or suffers from...
 - cerebral palsied, spinal cord injured or learning disabled...never identify people solely by their disability.
 - assuming a student who has a disability needs help and assisting them without permission.

GENERAL RECOMMENDATIONS & ADAPTATIONS
for
Individuals with Possible Cognitive Disabilities
(Reception, Interviews, Orientations, & Case Management Environments)

GENERAL RECOMMENDATIONS

- A. Recognize students have different learning methods and styles.
 - 1. A student with a preferred method of learning can usually adapt to the style of the counselor, instructor, trainer or supervisor.
 - 2. A student with a cognitive disability will have a specific way or mandatory methods of learning requiring that the adaptation occur on the part of the counselor, instructor, trainer or supervisor.
- B. Try always to utilize a multi-sensory approach when providing information in receiving, counseling, instructing, training, and supervising.
 - 1. Present information to the student
 - a. visually – print, symbols, pictures, etc.
 - b. auditorially – orally, verbally, etc.
 - c. kinesthetic/tactile – hands-on, demonstration, etc.
 - 2. Allow time for processing and feedback from the student
 - a. written information – charts, notes, outlines, pictures, etc.
 - b. oral/verbal response – paraphrasing, restating, etc.
 - c. demonstration – models what has been presented
 - 3. Provide consistent framework
 - a. break tasks in small steps
 - b. keep sequence clear
 - c. identify organizational pattern
 - d. ensure student understands steps
 - e. identify whether student knows how, where and when to start—if not review and repeat
 - f. show by example—model

C. Specific adaptations and suggestions

Letters and mailings

- a. Tell students letters and mailing from you will have your name printed on the front of the envelope, will have a special stamp/symbol, or will have a highlighted return address to alert them to the nature/importance of the mail.
- b. Make sure the letter contains clearly presented information.
- c. Font size should be 12 point or more.
- d. If there are steps the student needs to take, present those in outline format with numbers before each step.
- e. If there is a sanction date or other dates of importance print them in larger font size, highlight and/or underline.
- f. Use simple language when composing the letter.
- g. Make sure the letter is not overloaded with print.

Phone calls and conversations

- a. If feasible, send advance printed information or outline.
- b. Ask the student to paraphrase information.
- c. Give student enough time to write notes and repeat them back.
- d. Set up a recording system so the student can record the conversation for replay.

Directions and appointments

- a. Find out what way a student prefers to receive directions to a place or appointment—provided by the provider, sent in the mail, fax, over the phone, etc.
- b. Landmarks (the drive-in, grocery store, etc.)
- c. Street signs, names, and numbers.
- d. Ask the student to repeat directions given over the phone.
- e. Determine whether a reminder card/call is needed

Missed or late appointments

- a. Know whether the student has time orientation and/or management difficulties and provide assistance.
- b. Recognize whether the student has a concrete understanding of time needed for activities and functions (i.e., driving to an appointment in rush hour versus non-rush hour, waiting time in a doctor office, length of time to complete an activity, etc.)
- c. Determine which are preferred—digital or analog watches and/or clocks.
- d. Identify level of skill in planning a schedule without overlapping appointments.
- e. Check to see if the student uses a method of tracking appointments and times.

Forms and applications

- a. Assist student in filling out forms or applications. This function can be overwhelming which contributes to missing information or missed deadlines.
- b. Clarify unknown or confusing words
- c. Identify pertinent information
- d. Assist to organize information to put on form
- e. If visual-motor/writing problems exist help fill out form or access a computer version.
- f. Check form carefully for missed information.

Intake testing

- a. Always observe testing situations, paying close attention to behaviors and actions.
- b. Create the optimal testing environment—no florescent lighting humming or flickering, no external distractions (noise or visuals), enough space between students for comfort, etc.
- c. If the student loses his/her place on a bubble answer sheet or has difficulty tracking from the test booklet to an answer sheet provide plain paper to use as an answer sheet or allow marking answers directly in the test booklet. If necessary, transfer the answers to the bubble sheet later.
- d. If the student seems to be very distracted by movement and/or sound ask if he/she would be more comfortable in a quieter space.
- e. If the student makes a lot of mistakes involving multiple choice answers of b/d change the responses to multiple choice using numbers or capital letters and retest.

Orientations and counseling sessions

- a. Provide information in multiple ways—visual, auditory, etc.
- b. Tape the orientation or counseling session and provide to students needing auditory input.
- c. Present a well-designed agenda, outline or checklist even if the meeting is a short one.
- d. Number everything (items and pages) for better tracking.
- e. Use color-paper wisely – application information in blue, appointment information in green, checklist in orange, etc.
- f. If a video is used, make sure it has closed-captioning and is presented on a large enough screen/monitor with good sound.
- g. Use a flip chart and an overhead projector to display forms, information, etc. In counseling sessions use an oversized notepad or small flip chart to meet visual needs of student.
- h. Alternate colors when using a flip chart—change color when there is a new item—and write big enough for all to see.
- i. Speak clearly with enough volume for all to hear. Pause and ask for questions. Repeat information and allow enough time for students to process information and take notes.

Structure of the Environment

- a. Create a reception environment that has specific spaces (e.g., quiet space, play space, computer space, etc.)
- b. Use color-coding and symbols/icons and pictures to designate important elements and/or spaces (e.g., sign-in counter, interview room, etc.)
- c. Provide information, in a simple format, that shows accommodations are available and whom to ask
- d. Ensure the external entrance is easy to find and leads to the right area
- e. Place sign-in/computerized registration systems in a position accessible to all (e.g., wheelchair and standing)
- f. Ask if students new to the center need assistance signing in or accessing resources
- g. Train specific staff to be alert and ready to respond to requests or perceived needs
- h. Provide a map of tools and resources available
- i. Supply a laminated user-sheet providing instructions for use of tools and resources that require multiple steps (leave by tool or color code to look in reference manual)

Critical factors

- a. Try to be sensitive and believe in the student as a learner--people live up to expectations.
- b. Be flexible
- c. Improve observation skills
- d. Take more time to get information in the beginning—it will save time, energy and resources.
- e. Remember to be creative—it is the hallmark of adaptations and leads to success.

INTERVIEWING TECHNIQUES & APPROACHES

Communication skills are critical when learning, training and/or trying to secure employment. When working with a participant who has difficulty communicating or expressing what he/she knows, try the following:

- Give advance notice about the topic and subject to be discussed. This way the participant can mentally prepare in advance.
- Never ask a question beginning with why. The why question evokes an emotionally based response. Always phrase questions with “what, how, when, who, and where.”
- When a participant responds “*I don’t know or I can’t*” respond with: “*If you knew, what do you think you would say?*” or “*If you could, what do you think you would do?*”

Successful interviewers use **systematic, common sense, effective interviewing practices** with all their participants. These practices are of paramount importance when working with adults with diagnosed or suspected learning disabilities. They include:

- ♦ The interview space should be inviting and free from clutter
- ♦ Establish a rapport with the participant that is comfortable
- ♦ Smile – and then smile some more
- ♦ Emphasize the accomplishments
- ♦ Change the “unaccomplished” to “next steps”
- ♦ Reinforce improvements
- ♦ Communicate praise in concrete and realistic ways
- ♦ Continually acknowledge and reinforce positive comments
- ♦ Ignore negative comments to extinction
- ♦ Use humor
- ♦ Listen and encourage positive thinking
- ♦ Allow participants to be involved in decisions
- ♦ Recognize the participant’s strengths and attributes
- ♦ Understand that the limitations noted or observed are most likely caused by the disability
- ♦ Provide accommodation or modification to program services activities
- ♦ Encourage self-confidence and independence

SUGGESTIONS FOR EFFECTIVE COMMUNICATION

Print Materials

- ♦ Clear font type and size (13 point recommended)
- ♦ Do not type in all capitals
- ♦ Remove justified margin format
- ♦ Simplify graphics
- ♦ Keep information organized and in a simple structure
 - ♦ Use numbers or letters to sequence
 - ♦ Emphasize points with bullets that are indented
 - ♦ State key points in clear, concise words
- ♦ Use color paper where appropriate

Meetings & Counseling Sessions

- ♦ Send notification of meeting/session and purpose in advance
- ♦ Prepare a brief annotated advance agenda and disseminate
- ♦ Use a flip chart/pad or electronic white board
 - ♦ Use two marking pens of different colors
 - ♦ Alternate between colors when changing points
- ♦ Be clear – ask for paraphrasing and interpretation of points
 - ♦ Clarify when needed
- ♦ Print meeting information (if electronic) and disseminate
- ♦ Word process flip chart notes and disseminate within 6-8 working hours
 - ♦ Save flip chart pages if needed for clarification

General Techniques

- ♦ Listen carefully
- ♦ Do not interrupt
- ♦ Validate what you heard
- ♦ Ask the person not to interrupt you
- ♦ If the person has difficulty remembering his/her point ask him/her to write down key words
- ♦ Never minimize or negate issue – however do not allow exaggeration either
- ♦ When stuck ask – *What can I do for you today?*

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FUNCTION	LEARNING DISABILITY	ACCOMMODATIONS
Assessment	Reading Disorder	Large Print Screen Reader or Reader (Private Room) Extended Time or Time Limit Removed Audio Format (CD/Tape) Sticky Notes and Flags Private Room Color Transparent Film
	Mathematics Disorder	Calculator Talking Calculator (Private Room) Extended Time or Time Limit Removed Graph Paper Abacus Formulas or Order of Operation Color-coded Function Keys
	Disorder of Written Expression	Large Answer Sheet (Bubble) Scribe (Private Room) Extended Time or Time Limit Removed Computer Audio Record for Transcription
	Developmental Coordination Disorder	Keystroke instead of Mouse Movement Scribe to Write & Bubble-in Page Turner Extended Time or Time Limit Removed
	Expressive Language Disorder	Adequate Time for Questions to be Voiced or Written Down Substitution of Oral with Written Additional Time for Oral Response Extended Time or Time Limit Removed
	Mixed Receptive-Expressive Language Disorder	Adequate Time for Questions to be Voiced or Written Down Substitution of Oral with Written Additional Time for Oral Response Extended Time or Time Limit Removed
	Attention Deficit/Hyperactivity Disorder	Extended Time or Time Limit Removed Private Room Supervised Breaks (if required) Tactile Enhancer or Doodle Paper One or Two tests per Day Large Print

FUNCTION	LEARNING DISABILITY	ACCOMMODATIONS
Interviewing	Reading Disorder	Practice Methods to Address Being Asked to Perform on a Test/Read Get Description in Advance & have it Read or Scanned for Digital Reading Request in Advance if Testing
	Disorder of Written Expression	Folder with All Data Needed in Print Information on a Separate Sheet to Give if Asked Request in Advance if Testing
	Developmental Coordination Disorder	Personal Pen (if can write) Request in Advance if Testing Fix Pages so Can Turn Them
	Expressive Language Disorder	Practice Keep Answers Short but Descriptive Folder with Key Words on Paper to Have on Lap for Reminder Questions Written Out in Advance with Practice of How to Look Prepared Versus Having a Disability Visualization Prior to Interview
	Mixed Receptive-Expressive Language Disorder	Bring a Portfolio to Talk From Understand which Questions are the Same just Phrased Differently Practice Learn Various Wording to Request a Repeat Do Deep Breathing Exercises Folder with Key Words on Paper to Have on Lap for Reminder
	Attention Deficit/Hyperactivity Disorder	Mechanisms to Stay on Track Key Focus Word Written on Notepad Questions Written Out in Advance with Practice of How to Look Prepared Versus Having a Disability Wiggle Toes in Shoes Paraphrase or Restate Question before Answering Visualization Prior to Interview

FUNCTION	LEARNING DISABILITY	ACCOMMODATIONS
Written Work & Workbooks	Reading Disorder	Templates Assistance Connecting Skills with Job Description Editing and Spelling Assistance Glossary of Application Terminology Voice to Text Software Application Text Reader
	Mathematics Disorder	Help with Spatial Skills when using the Computer Mouse or Sequential Tasks
	Disorder of Written Expression	Templates and a Scribe Editing and Spelling Assistance Glossary of Application Terminology Voice to Text Software Application
	Developmental Coordination Disorder	Scribe Voice to Text Software Application
	Expressive Language Disorder	Written Instructions
	Mixed Expressive-Receptive Language Disorder	Written Instructions
	Attention Deficit/Hyperactivity Disorder	Assistance with Application Assistance Gathering Data for Resume Organization of Text & Resume Copy Private, Quiet Area to Work Headset or Earplugs in Work Areas
Workshops & Seminars	Reading Disorder	Audio & Video Versions of Materials Pictorial Color Coded Advance Materials
	Mathematics Disorder	Address of Workshop in Clear Format Time Assistance Directionality
	Disorder of Written Expression	Note Taker Scribe Computer Access Pre-Printed Materials
	Developmental Coordination Disorder	Note Taker Scribe Pre-Printed Materials
	Expressive Language Disorder	Not Required to Orally Respond
	Mixed Receptive-Expressive Language Disorder	Printed Outlines and Data Not Required to Respond Orally FM Looped System
	Attention Deficit/Hyperactivity Disorder	FM Looped System Preferential Seating Audio Format to Listen & Review Note Taker Reduction in Florescent Lighting

FUNCTION	LEARNING DISABILITY	ACCOMMODATIONS
Activities-Web, Phone, Person	Reading Disorder	Screen Reader for Web-based Work Reading Pen for Job Descriptions & Printed information
	Mathematics Disorder	Orientation & Calendar Schedule to Appropriate Times to Call/Drop-in
	Developmental Motor Coordination Disorder	Assistance with Computer-based Functions Voice Commands
	Expressive Language Disorder	Script Written Out for Phone Practice for On-site
	Mixed Receptive-Expressive Language Disorder	Limit Phone Work Script Written Out for Phone Practice for On-site
	Attention Deficit/Hyperactivity Disorder	Script Written Out for Phone Practice for On-site Teach to Minimize Information Shared

Note: This is just a sampling of the many accommodations and modifications that can be put into place. The listing is not meant to be exclusive to a particular disability or activity. Feel free to investigate, add and be creative.

Disabilities and Testing Accommodations

Suggestions of potential accommodations based on diagnosed disability.

Decisions on specific of accommodations approved should be done on an individual basis and applied due to a significant limitation that prevents the ability to demonstrate knowledge, skills and abilities.

DISABILITY	ACCOMMODATION
Learning Disabilities	<ul style="list-style-type: none"> ▪ Extended time* ▪ Audiocassette with extended time ▪ Talking calculator ▪ Scribe ▪ Calculator ▪ Screen reader (computer text) ▪ Printed test instructions ▪ Assistance in recording response
Emotional & Mental Health Disorders	<ul style="list-style-type: none"> ▪ Extended time* ▪ Frequent breaks** ▪ Private room ▪ One test per day ▪ Printed test instructions

Hearing	<ul style="list-style-type: none"> ▪ Extended time* ▪ Head phones for video-tests ▪ Certified/Licensed Sign language Interpreter ▪ Video captioning ▪ Screen reader (computer text) ▪ Printed test instructions ▪ Signed, captioned video of test instructions ▪ Candidate may ask questions in writing regarding printed instructions & information ▪ Extended time when Standard Written English is second language ▪ Video to compose written work in draft to be translated by candidate to Standard Written English
Vision	<ul style="list-style-type: none"> ▪ Extended time* ▪ Magnifier ▪ Monitor & screen enlargement ▪ Tone-indexed audiocassette w/ extended time ▪ On-screen large calculator ▪ Large print ▪ Braille ▪ Talking calculator ▪ Screen reader (computer text) ▪ Closed-circuit TV ▪ Braille-writing device ▪ Scribe ▪ Assistance in recording response
Attention-Deficit/Hyperactivity Disorder (AD/HD)	<ul style="list-style-type: none"> ▪ Extended time* ▪ Frequent breaks ▪ Private room ▪ Screen reader (computer text) ▪ Printed test instructions
Physical/Chronic Health Disabilities	<ul style="list-style-type: none"> ▪ Extended Time* ▪ Private Room ▪ Audiocassette with extended time ▪ Scribe ▪ Large Print ▪ Frequent Breaks** ▪ One Test per day ▪ Screen reader (computer text) ▪ Abacus ▪ Printed test instructions ▪ Assistance in recording response ▪ Adaptive keyboard/mouse

*Amount of time must be specified

**Breaks must be supervised; time on break is not counted in the time testing

Supports Not Requiring Formal Request in Most Standardized Test Settings

- Preview testing environment in advance
- Assistance with pre-test forms
- Adaptive keyboard/mouse control
- Foot/knee pedal function key controls
- Sticky key, filter key and toggle key adaptations
- Larger computer monitors
- Computer display color and contrast
- Sound sentry and show sounds computer adaptations
- Moveable tables
- Looped system
- Printed script of audiovisuals
- Printed outlines
- Color-coded materials and changeable screen colors
- Icons and pictures (consistent)
- Signage with pictures and color-coded
- Lighting (natural, flexible, strobe/florescent)
- Visor or hat with brim
- Clear transparency & highlighter
- Temporary adhesive or post-it notes & flags
- One test per day
- Magnifying strips or magnifying glass
- Graph paper
- Colored transparent overlays
- Large print test version
- Tracking devises for test booklet/answer sheet
 - Card where window is cut to expose one line at a time
 - Non-ruled straight edge
- Tracking phrases
 - Check to see if on correct number when marking answer sheet
- Sound-suppression ear plugs or headsets
- Space away from doors/windows
- Use a carrel in the testing room
- Color-code calculator (x & +, etc.)
- Let candidate choose seat
- Use sub-vocalization/reading with the mind's ear
- Use visualization & verbal rehearsal
- Visit testing environment in advance
- Apply stress reduction exercises
 - Deep breathing exercises
- Take tests at peak performance time
- Rest & apply healthy eating

Applying a Strength-based Learning Styles Framework

VISUAL	AUDITORY	HAPTIC
<ul style="list-style-type: none"> ◆ Posters ◆ Bulletin boards ◆ Computer ◆ Photo copies of notes/key points ◆ Natural lighting ◆ Colored paper ◆ Electronic boards ◆ Printed terms ◆ Homework sheet ◆ Movies/videos ◆ Interactive CD or video ◆ Television ◆ Photographs ◆ Demonstrations ◆ Mental movies or pictures ◆ Flash card ◆ Color coding ◆ Numbering ◆ Drawings ◆ Graphs ◆ Models ◆ Simulations ◆ Photo essay ◆ Slide show ◆ Stickies and flags ◆ Outlines ◆ Symbols and icons ◆ Note cards ◆ Numbering and alphabetizing ◆ Ruler, bookmark, or tracer ◆ Tinted transparencies ◆ Large print ◆ Calculator with printed tape read-out ◆ Non-glare paper ◆ Provide visual praise 	<ul style="list-style-type: none"> ◆ Speech recognition software/systems ◆ Talking word processors ◆ Talking calculators ◆ Tape recorder ◆ Frequent short meetings ◆ Movies/video ◆ Oral interaction ◆ Verbal demonstrations ◆ Verbal rehearsal ◆ Self-talk (who, what, where, when, why) ◆ Mind's voice ◆ Read out loud ◆ Whispering ◆ Subvocalization ◆ FM looped system ◆ Talking dictionaries and spellers ◆ Books on tape ◆ Radio/Television ◆ CDs and records ◆ Lecture/speeches ◆ Debate/discussion ◆ Interpretive readings ◆ Concerts ◆ Interviews ◆ Panels ◆ Brainstorming ◆ Oral reports ◆ Round robin ◆ Team/group projects ◆ Verbal descriptions ◆ Rhymes ◆ Songs and chants ◆ Alarms and bells ◆ Paraphrase ◆ Ask questions ◆ Provide verbal praise 	<ul style="list-style-type: none"> ◆ Computer ◆ Tactile enhancers ◆ Alternative keyboards ◆ Act out vocabulary ◆ Vary writing tools ◆ Cut words into syllables ◆ Cut sentences into phrases ◆ Create a collage ◆ Raised letters and symbols ◆ Animation objects ◆ Tracing letters ◆ Drawing and/or pasting pictures ◆ Finger painting ◆ Charades and role playing ◆ Drama and acting ◆ Building models ◆ Cheers with motions ◆ Food to divide into parts ◆ Spell words with sparklers ◆ Trace over fabric paint/glue words ◆ Paper streamers to create words ◆ Clap hands when memorizing ◆ Sponge paint letters and words ◆ Demonstrating ◆ Math manipulatives ◆ Field trips ◆ Walking, rocking, pacing, swinging ◆ Showing ◆ Tactile/kinesthetic praise

Critical Reflection & Self-evaluation Checklist

- Did I respect the learner's background and diversities?
- Did I use the learner's interests and hobbies as a foundation for the lesson?
- Did I build on the learner's experiences?
- Did I engage the learner in an active contract and dialogue?
- Did I present the subject matter in the learner's context or framework rather than mine?
- Did I allow the learner to challenge the importance or perspective of the unit or lesson?
- Did I understand and value the community and social elements important to the learner?
- Did I promote a self-directed, independent learning environment and structure?
- Did I provide a learner-driven problem-centered platform for study?
- Did I assist in generalized skill building that has immediate application for the learner?
- Did I recognize and utilize the learner's internal motivators and drive?
- Did my approaches use the learner's learning preferences or my own teaching preferences?
- Did the lesson directly connect to the student's goal?
- Did I facilitate a discussion or exploration to promote critical thinking?
- Did I remove penalty or critical or original thought?
- Did I assist the learner in identifying and challenging assumptions?
- Did I allow and guide adequate exploring and imagining of alternatives?
- Did I promote a level of reflective skepticism?
- Did I affirm the learner's self-worth?
- Did I listen attentively?
- Did I show support of the learner's efforts?
- Did I reflect and mirror the learner's ideas and actions?
- Did I do things motivate the learner to think critically?
- Did I regularly evaluate the learner's progress and provide feedback?
- Did I help the learner develop a support system or network?
- Did I make the learner aware of how to use critical thinking during a part of the explanation?
- Did I promote inferential thinking?
- Did I model critical thinking during my interaction with the learner?
- Did I ask the learner how it was today?
- Did I do anything about the feedback received?

TIPS TO HELP IMPROVE PARTICIPANT SELF-ESTEEM & PERFORMANCE

Practitioners who want to help participants improve their self-esteem may find some of the following suggestions helpful:

- Be patient and understanding;
- Be non-judgmental;
- Help participants set realistic goals according to their capabilities;
- Offer praise and positive reinforcement regularly;
- Maintain a sense of humor and share it;
- Be an alert listener;
- Treat participants with respect;
- Be sure that non-verbal messages reflect a positive and supportive attitude;
- Accept that an appointment or interview may not always go the way you planned;
- Try to make the content of interview or appointment relevant to participant's life situations;
- Become accustomed to working with different learning styles and thinkers;
- Be culturally responsive and open to differences in values and practices
- Encourage self-reliance. Let the participant be involved in the decision making by presenting options.
- Reduce emphasis on competition and perfection.
- Emphasize the participant's best work.
- Emphasize strengths; accommodate limitations.
- Provide immediate feedback within a positive framework.
- Provide multiple ways for the participant to communicate progress (computer, verbal, written, graphic/pictorial).
- Create scenarios for discussion that help the participant understand the next steps as well as the activities involved.
- Be concrete and keep order and sequence engaged at all times
- Eliminate the use of a red pen, a color that denotes errors or mistakes.
- Break assignments or activities into small segments, establishing a more immediate sense of accomplishment.
- Reinforce improvement; have the participant record progress on a chart so that he/she has tangible evidence of success.
- Communicate praise realistically; don't overdo it so that it becomes ineffective.
- Encourage the participant to keep trying.

- Encourage the participant to take responsibility for individual tasks within the larger whole of the assignment.
- Communicate to the participant the idea that you believe he/she will be successful.
- Respect the uniqueness of each participant.
- Communicate to participants he/she is valued through smiling, listening, and eye contact.
- Tune in to what interests the participant through discussions and attentive listening.
- Talk good-naturedly about your own areas of weaknesses; admit to not knowing something and state that you will make it a point to find out.
- Try to work around and not focus on behavior that can result from learning disabilities, (i.e., difficulty focusing attention on details, lack of organization, time, and spatial difficulties).
- Help the participant learn how to communicate his/her strengths and weaknesses to friends, family, co-workers, and supervisors.
- Encourage positive self-talk (i.e. "I'm doing a good job," or "It's good to accomplish this.").
- Encourage the participant never to use learning disabilities as an excuse for not doing his/her best.
- Focus on the end product - leave participant with the ability to generate personal self-esteem.

Things to remember to help minimize the student's frustration:

- Put the participant in charge.
- Respect and honor differences.
- Accept the participant's right to make choices/decisions about methods and approaches.
- Listen.
- Try to understand the participant so he/she feels confident about the process.
- Do not take offense or personalize voice tones or other behaviors.
- Recognize that participants who have disabilities can sometimes get easily overwhelmed.
- Ask the participant to monitor and identify the physiological responses the body makes just before significant frustration and/or anger.
- Reserve judgment about capability based on what is heard or seen.
- Ask for clarification to get better interpretation.
- Refrain from making subjective assumptions.
- Avoid giving advice or "you should..."

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ACCOMMODATIONS FOR INDIVIDUALS WHO HAVE...

PHYSICAL DISABILITIES

- Limited Reach – assist with items that are high and low.
- Limited Strength – assist lifting and holding items.
- Set an appropriate pace or speed based on the student's mobility.
- Provide support that does not impair view of shelves and resources.
- Provide a magnetic board with layout and pictures of area resources on magnets.
- Provide a clipboard or writing surface with attached pen/pencil with grips.

BLINDNESS/SIGHT IMPAIRMENT

- Verbal interaction – ask how the student would like the information presented.
- Provide large print materials.
- Supply magnifying lenses/material.
- Audio-record description of materials and/or information.
- Human reader.
- Writer or note taker for specific needs.
- Guide the student through the environment from the side most comfortable.
- Identify obstacles and items in the isle-ways (steps, displays, spills, etc.) as well as steps, corners, turns, etc.
- Provide large visual pictures for major sections, materials, or resources.
- Screen reading technology.
- DVDs and CDs.

DEAFNESS/HEARING IMPAIRMENT

- Ask if an interpreter will be present or what communication methods will be needed.
- Remember to speak to the student, not the interpreter.
- If the student reads lips, speak distinctly (don't over-enunciate) and directly so the student can see your face.
- Have a printed/pictorial checklist or a materials/resources board (magnetic or write-on/wipe-off).
- Have available a communication device or ask the student to bring if one is used.
- Use a computer.
- Clipboard or writing surface to write notes, questions and comments.
- FM Looped System

DEVELOPMENTAL, COGNITIVE, MEMORY & LEARNING

- Keep written materials at an appropriate reading level.
- Lists created from pictures.
- Read resource information.
- Assist in identifying the item desired when all the items look the same (i.e., books, tapes, resource materials, etc.).
- Ask clarifying questions (i.e., What are you interested in? Do you have...etc.).
- Provide information in sequenced, clear steps.
- Provide access to materials in audio/print form.

SPEECH IMPAIRMENTS

- If the student is difficult to understand ask for him/her to repeat.
- Don't guess at what the student is trying to say.
- Ask the student to point or draw.
- Have the student write down information if needed.
- Use a talking communication board, letter, symbol, or work board, or a picture board.

CONCENTRATION & DISTRACTIBILITY

- Student may request items in random order or may dictate a list in random order.
- Student may forget what he/she wanted – keep a notepad or clip board and jot down needs as spoken.
- Help the student find the requests needed.
- The student may need several breaks during the experience.
- Provide quiet space to use materials.
- Post-its and flags